

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. V. { NEW SERIES. NEW YORK: SATURDAY, AUGUST 2, 1862. { Mail Subscribers, \$3 per Ann.
VOL. V. { City and Canadian, 3 50 "
Single Numbers, 10 cents.

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- CHAPTER IV.—ON AMPUTATIONS—Amputations in general, Amputation of the Upper Extremities, Amputation of the Lower Extremities.
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The Preliminary Term will commence on Wednesday, Sept. 17, 1862, and continue to the beginning of the regular term, viz.: four weeks. In addition to daily instruction in the Bellevue and Blackwell's Island Hospitals, at least three Lectures will be given daily during the term, exclusively by members of the Faculty. The didactic instruction during this term will embrace the following subjects:—Surgical Affections of the Breast and Testes, by Prof. Wood; Surgical Affections of the Eye, by Prof. Sayre; Amputations, by Prof. Mott; Surgical Dressings, by Prof. Smith; Inflammations of the Uterus, by Prof. Taylor; the Symptoms, Signs, and Disorders of Pregnancy, by Prof. Barker; Uterine Therapeutics, by Prof. Elliot; Diet, by Prof. McCreary; Comparative Anatomy, by Prof. Childs; Diagnosis of Diseases of the Heart, by Prof. Flint; Toxicology, by Prof. Doremus; Anatomy and Functions of Glandular Organs, by Prof. Flint, Jr.

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The Regular Term will commence on Wednesday, Oct. 15, 1862, and end early in March, 1863.

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Comfortable board and lodging may be obtained for from \$3 to \$5 per week. The necessary expenses at attending a course of lectures need not exceed \$200, exclusive of travelling expenses.

Bellevue Hospital is situated on East River, between 26th and 28th Streets. The entrance to the Hospital is on 26th Street. Students, on arriving in the City, are requested to report at once at the College of Bellevue Hospital. The Janitor will be provided with a list of boarding-houses near the hospital, and will take pains to aid students in securing comfortable accommodations without delay.

Persons desiring further information are requested to communicate with the Secretary of the Faculty, Prof. AUSTIN FLINT, JR., No. 74 Union Place, corner of 4th Avenue and 19th Street.

Geneva Medical College.—The Session of 1862-63 will begin on Wednesday Oct. 1, 1862, and continue sixteen weeks.

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ON

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SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE X.—PART IV.

Dentition and the Nervous System—Frequency of Diseases of the Nervous System in Infantine Age—Comparative Anatomy of the Infantine Cranium and Brain, Weights and Measures.

THE nervous system of children has hitherto been the subject of our consideration, inasmuch as the circulation of the blood is influenced by it. It is, however, but just that we now consider it in that light and also in relation to its other functions. This is not only an important and not very easy task; not very easy, as both of its anatomical structure and the physiological actions its morbid conditions frequently resist a successful exploration; very important, from the very frequency of cerebral and other nervous affections of a more or less severe nature. Mauthner asserts to have observed 1747 cerebral diseases in 15,836 cases of sickness in children. According to Dr. Forsyth Meigs, there were in Philadelphia, in the course of five years, 3,970 deaths in children from diseases of the brain, 4,204 from diseases of the digestive organs, and 3,376 from diseases of the respiratory organs; and West remarks, that of 16,258 deaths resulting from diseases of the nervous system, in London (1842 and 1845), 87 per cent. were observed during the first five years. These are deaths. Only long-continued statistical reports on the occurrence of nervous diseases and functional troubles, not followed by fatal termination, could give a correct idea of the numerical prevalence of such affections. The number of deaths, however, is already so large, that as not only material organizations but also functional disorders of the brain, spine, and nerves, are frequently observed, the percentage of nervous affections, both fatal and not, is enormous. As to material changes of the substance of the nervous system, it is true that many diseases of adults are not, or rarely, found in early age, for instance, carcinomatous and sarcomatous degeneration, certain forms of encephalitis, etc., but there are a number of prevalent forms by far more frequent in children than in more advanced age. Amongst these latter, I count anomalies of the amount of blood contained in the bloodvessels of the nervous system, particularly its centres; meningitis in two forms, both genuine and tubercular; apoplexy; hydrocephalus; and also hypertrophy. Mere functional disorders, that is, such diseases of which with our limited means of investigation, and narrow knowledge, we have not been able hitherto to find the anatomical foundation, are also frequent. I need but allude to the frequency of convulsions in infantile age, which in a large percentage of cases will pass away without apparently leaving behind themselves any serious consequences.

I have stated that our knowledge of the more minute anatomy, and also the physiology of the nervous system, especially in its anomalies, is still very limited; nevertheless, those facts which anatomical researches have pointed out, will lead to the conclusion that the prevalence of nervous diseases in early age, is readily explained by the nature of the infantile nervous system. This is principally true as far as the brain and skull are concerned, as the spine and nerves, being less amenable, have been less closely studied. The anatomical facts to which, before entering

into the discussion on the connexion of dentition with nervous affections, I desire to direct your attention, belong principally to the condition of the cranial bones and the cerebral substance.

In the newly-born ossification has made most progress in the auditory bones, labyrinth, portion of the petrous bone, and lower maxilla. The frontal bone still consists of two halves, its tuberosities are prominent, and no frontal cavity has commenced to be formed before the end of the first year. The occipital bone consists of four parts, the sphenoid of three; the parietal bones have not yet acquired their square condition, have as it were a fibrous appearance, and prominent tubera. The temporal bone is still divided into four parts (the petrous, mastoid, and squamous portion, and the annulus tympani); the ethmoid into three, with very few signs of ossification. There is still, in the upper maxilla, a sign of the presence of the intermaxillary bone; the maxilla containing the alveoli for two incisors, the canine, and two molar teeth, and a distinct but very small antrum Highmori. The palate bones are low, little developed, but consist already of a single piece. The inferior maxilla is divided in two halves, and contains the twelve central alveoli. In the upper and lower dental alveoli there are already the gelatinous germs of the twenty temporary and the first four permanent teeth.

The cranial bones are kept in connexion by sutures and sutural cartilage, this latter being the remnant of what has surrounded the cranial cavity in early foetal life; the pericranium adhering more tightly to them than to the bones themselves. The large quadrangular fontanel, formed by the coronal and sagittal sutures, is large, of the size of a square inch and more, larger in large heads, smaller in small, and of enormous extension in hydrocephalic ones; the normal period of its closure being from the thirteenth to the fifteenth month. After this age it is found open in rachitic children; that persons in advanced life should have an open quadrangular fontanel, is an excessively rare occurrence. A few cases of this anomaly have been given in my essay on the premature closure of the cranial sutures and fontanel, and its etiological and prognostic importance, and an additional one has come under my notice a short time ago, in a young lad whose fontanel was still somewhat pulsating at the age of twelve years. The triangular small fontanel formed by the sagittal and lambdoidal sutures is closed in the mature child, as well as the lateral ones. Additional ones are rare, and then are only the results of ossification having commenced from a number of supernumerary points. The peculiar undulated shape of the sutures, or rather the margins of the cranial bones, is but gradually transformed into the dentated form, which is the common appearance in later and life, after the third year. Real ossification will not commence before the twentieth year, and then first on the inner side of the cranium. Congenital or premature ossification of the sutures, or even simple closure, gives rise to serious consequences. Unilateral premature closure interferes with the symmetrical development of both skull and brain; if universal, it suppresses the normal growth of both. Microcephalus and idiotism result therefrom, or at least, from the brain being compressed, anomalies of the cerebral functions will be the consequence. Epilepsy or paralysis, naturally incurable, will follow. Or, in milder cases, the constant pressure on the cerebral substance will, by itself, or in the course of inflammatory or feverish diseases, bring on cerebral symptoms which, from the nature of the complication, will be seldom suppressed, and generally prove fatal. Perhaps the indistinct knowledge of this fact has induced old authors to call the Wormian bone, contained in a supernumerary fontanel of the frontal suture, from its apparently giving more room to the anterior portion of the brain, by the name of, not only interfrontal, but also anti-epileptic bone.

The head of the newly born has an irregularly round shape; its height amounts to about the fourth part of the length, its weight to about a fifth of the weight of the whole body. Its principal diameters are these: Four or five inches from

occipital to frontal, three and a half or three and three quarters between the two parietal bones; five or five and a half from occipital bone to chin, three and a half from forehead to chin; its longest circumference is from fourteen to sixteen inches; its shortest, over the vertex, ten and a half to eleven inches. Its greatest width falls a little below the two parietal protuberances. The bones of the cranium are more injected with blood, bluish, and are more easily inflected than fractured; it predominates over the face. The frontal and parietal tuberosities are prominent. The upper margin of the parietal bone stretches in an almost perpendicular line above the lower one. The occipital bone lies more horizontally. The points of insertion of the muscles are less developed; nor are the superciliary arches very distinct; they are formed with the development of the frontal sinuses, whose first beginning dates from the second year, but which scarcely are worthy of the name before the tenth. The hair covering the scalp is short, thin, and often copious, the aponeurosis thin. In proportion to the general growth of the body the face gradually commences to predominate, the basis of the cranium growing fastest; mostly so in its posterior portion, together with the rapid growth of the occipital bone before the fifth year, while between the fifth and tenth year, in the period of the protrusion of the posterior molar teeth, the anterior portion develops at a more rapid rate. Gradually the frontal bone appears flatter, for several reasons; for its superior margin ascends; its inferior one is drawn anteriorly by the gradual prominence of the superior maxilla; and the formation of the frontal sinuses helps to bring on the same result. The occipital bone by and by loses its horizontal position, becoming more perpendicular.

After all, the several parts of the head do not grow at the same rate. The parietal bone has its full circumference at four years, while the frontal bone still continues growing. For this reason, the parietal portion of the large hemispheres of the brain is soon left behind by the anterior frontal lobe. The cranial cavity of the new-born is about a fourth or a third of that of adults, but already in the second year grows from 482 cubic centimetres up to 999, while the weight of the skull at that period reaches already three times its original amount. The occipital portion of the cranial cavity is very small in the newly born, being only 5 per cent. of the whole. The frontal portion is as much as 13.89, the parietal 81.11 per cent. But as early as the second year, both the occipital and the frontal vertebrae grow each by 0.5 per cent. All these facts you will find to be in strict correspondence with the remarks I shall have to make on the relative development of the single portions of the brain.

The dura mater adheres tightly to the cranium, in infantile age, partly by means of blood-vessels, and partly by conglutination with the sutural cartilages. In the newly born it is loosely attached opposite the parietal tuberosities. It is firmly adjacent to the cerebral surface, strongly injected, bluish, and transparent. With advancing age it gains in solidity, but loses its transparency and injection. The arachnoid membrane and pia mater are very thin, colorless, transparent, and fragile; they show large veins filled with dark blood; there is a good deal of cerebro-spinal fluid, but no Pacchionian granulations are observed. The choroid plexus are of a similar nature to that of the meningeal membranes; they are delicate, and contain more blood. All these facts constitute just as many differences from the condition in which the same parts are found in more advanced childhood, in adults, and in senile age.

The brain shows a lower degree of development. Its substance is less white, more transparent, and of a reddish-greyish color. It is of almost gelatinous consistency, at all events much less solid than in advanced age, and the division into medullary and cortical substances is less distinct. Only some parts excel by their proportionate hardness, and their white color, viz. medulla oblongata, corpora quadrigemina, corp. mammillaria, thalami, and pons Varolii. The fibrous appearance of the large hemispheres

is not yet recognisable; the gyrations are thicker, less prominent, and fewer. The lateral ventricles exhibit less serous contents, and their walls are more even. The substance of the brain, finally, contains but little serous blood; only near the borders of the thalami there are a large number of blood specks.

Not only are these general differences between the brain of the infant and the adult recognisable in every specimen, but there are some which are of quite a specific anthropological importance. The relation of the several parts of the brain to each other changes according to age, as is well proven by accurate measurements, and weighing. The relative weight, for instance, of the large hemispheres, and the occipital portion of the brain, are particularly instructive. According to Huschke the cerebellum of the newly born weighs 25 grammes, that of the adult from 180 to 193 grammes; that is, seven or eight times as much as the former. The large hemispheres of the newly-born weigh 300 grammes, those of the adult from 1200 to 1400, that is, four or five times as much as the former. The percentage drawn from the foregoing are these:—In the newly-born the cerebellum weighs 6 or 7 per cent., the large hemispheres 94 or 93, of the weight of the entire brain. Already after seven or twelve weeks these figures have been found to vary; the percentage of the cerebellum increasing to 9 or 11 per cent. At ten or fifteen years it has been found to be 12 or 13, nearly as much as in adults, where the percentage of the cerebellum is 12 or 14, of the large hemispheres 88 or 86.

A few other percentages are given by Huschke, viz:—Male foetus of five months, 5.14; female foetus of seven months, 6.05; of eight months, 7.06; new-born female, 7.32; female of three years, 12.20; male of three years, 11.91; and female of fifteen years, 12.29. The figures of Chaussier differ somewhat: the proportion of cerebellum to the large hemispheres being from 1:13 to 1:30, or from 3.28 to 7.7 per cent. The same proportions, with all the astonishing differences, have been found to exist by Gall.

The forehead of the newborn infant is narrow and low; the anterior lobes of the large hemispheres must consequently be expected to be proportionately small. Weighing and measuring confirm this conclusion. The anterior lobes in a prematurely born female, yielded only 16.5 per cent. of the weight of the entire large hemispheres; in the new-born, at full term, 22.09; in some who were from eight to twelve weeks old, also but from 16.7 to 18.9 per cent. This figure increases to 22.4 in the first twelvemonth. Whenever a similar figure, for instance 21.8 at seventy-seven years, occurs at advanced ages, circumstances must be peculiarly unfavorable. The remaining, especially the parietal portion of the large hemispheres, must necessarily show the reverse proportion. You remember the figures I gave for the frontal and parietal vertebrae. Now, the anterior lobes of the large hemispheres in the newly-born, weigh from 60 to 70 grammes; in the adult 300—that is five times as much as in the former; the remaining parietal and inter-parietal portion, however, in the newly-born 250, in the adult 1000 grammes, that is four times as much as in the former.

OPHTHALMIA.—The new species of ophthalmia which startled the French physicians a few weeks ago in the garrison of Vincennes, is more extensively spread than was at first supposed. The soldiers, whose optic nerves become paralysed the moment the sun goes down, are not to be found in that locality alone. The disease has appeared with great virulence at Strasburg and other places, and has much embarrassed the faculty. Perfect vision returns in the morning, but at sunset the patients again lose their sight. The most searching investigation is being made as to its cause and cure.—*Lancet*.

Dr. A. E. STOCKER, late Medical Director of Gen. McCall's division, is appointed physician to the Berkeley Estate Hospital.

Original Communications.

CASES IN SURGERY.

By HOMER O. HITCHCOCK, M.D.

OF KALAMAZOO, MICH.

CARIES OF OCCIPUT AND TEMPORAL BONES—OPERATION—ENTIRE RECOVERY.

CASE I.—On the 30th of April, 1860, R. M., a man of 60 years of age, but of strong and vigorous constitution, and uniformly good health, came to my office, suffering with very severe pain in the right side of the head, particularly just behind the ear. On examination I found some fulness, redness, and slight tenderness over and behind the mastoid process. The pain was not throbbing, but sharp, lancinating, and paroxysmal. Four or five days before, he had consciously contracted a severe cold, on which this pain supervened. I prescribed for the neuralgia, expressing my fears at the same time that there might follow suppuration, and suggesting, if he should not soon experience relief, that I should see him at his house and apply leeches. I saw no more of him. He had fallen into other hands.

Eight weeks after, he came again to my office. He appeared much worn out by intense suffering and sleepless nights. For all this time his treatment had been poultices, superficial openings, and anodynes, with no benefit, and scarcely a minute's relief from pain.

He now begged of me to *do something* for him. I reluctantly consented to take the case, insisting, however, upon a consultation, as I found on a slight examination a much deeper seated disease than I at first apprehended. The probe could be passed into a circuitous fistula just behind the mastoid, downwards and inwards nearly two inches, impinging upon denuded bone. One free, straight opening down to the bone was now made, followed by considerable relief to the patient. Within a week, however, the terribly severe neuralgia came on again, with loss of appetite and difficult deglutition. A further and more complete operation was now proposed and accepted. The complexus, the rectus posticus major and obliquus superior muscles were severed very near their attachments, and a surface of one to one and a half inches in diameter was found carious. By a suitable instrument we endeavored to scrape off all the diseased surface that could be reached with safety. The disease appeared to extend under and behind the mastoid process, and to have already affected some of the pharyngeal muscles. Just underneath the obliquus superior the disease appeared to have extended entirely through the occiput, and its whole thickness was removed. I feared after all that far under the mastoid process there was some part of the diseased bone unremoved, but on account of the condition of my patient, a further prosecution of the operation was not deemed advisable. The wound was kept well open and thoroughly syringed. The neuralgia was greatly relieved, but my patient suffered severely from a post-pharyngeal abscess. After this had discharged his power of deglutition increased, as well as his appetite, and he slowly but constantly improved. The wound was not closed for many months; but has now, two years after the operation, entirely closed, and has been so for a year, and the patient has entirely recovered, except a little stiffness of the neck.

CALCULUS—LATERAL LITHOTOMY—CURE.

CASE II.—J. K., *set.* 38, a carpenter, and otherwise healthy, was born and lived in the State of New York, for twenty years or more. At the age of sixteen, he received a very severe blow across the abdomen, just above the pubes. The accident was followed by the passage of bloody urine for several days. After two months, the patient seemed to have fully recovered from the effects of the accident.

During the year 1850, having lived some time in this state, he experienced difficulty and frequency in urinating; the act once in a while being followed by a bloody matter. This was accompanied by a pain and soreness just above the pubes at the seat of the injury of ten or eleven years before. These symptoms have continued gradually increasing ever since, relieved now and then by treatment, usually the use of alkalies in infusions of buchu or uva ursi. His case first came under my notice about the first of January, 1861. The presence of a calculus was at once suspected, but could not be detected. He was treated palliatively by anodyne injections into the bladder, and diluent diuretics. In April, the presence of a calculus was clearly established, and lithotomy proposed and accepted. The lateral section was performed with very slight loss of blood. There were two calculi of the ammoniaco-magnesian variety, the larger about three-quarters of an inch in diameter and of the shape of a mulberry—the smaller was broken into fragments. The wound rapidly healed, and the patient was dismissed and sent to his home on the 24th day. The venerable Dr. Pitcher, of Detroit, present at the operation, remarked that it was the fifth operation for stone that had occurred in Michigan.

COMPLETE PROLAPSUS UTERI, OF TWENTY YEARS' STANDING—GREATLY BENEFITED BY EPISORAPHIA.

CASE III.—In December, 1860, Mrs. Y. S. placed herself under my treatment. Her story was briefly this:—For twenty years she had been an intense sufferer from falling of the womb. Such had been the effect of the disease upon her as to have nearly ruined her nervous system, and to have rendered her a fit subject for an insane asylum. She had been treated by many physicians; had tried pessaries of all descriptions, but at the hands of no physician had she received permanent benefit, and no pessary had been found that would for an hour remain in place.

Her last doctor, before consulting myself, was an itinerant quack, with "supporters" of his own "patent," and, as he claimed, with a knowledge of such diseases and a power to cure them, far superior to any regularly educated physician. He claimed to cure them upon a new plan and according to new principles, developed and still held secret by himself. His plan was to replace the prolapsed organs with his hand and hold them up for an hour or two each day, advising in the interval the use of cool astringent injections; a plan new or peculiar to him only in the length of time the hand was kept within the vagina.

The patient, at the age of 22, had been delivered of a child at full term, after a very severe and protracted labor. The perineum was ruptured to the verge of the anus, and from that time began her sufferings. She had since been once or twice pregnant, the fetus being developed to about five months, the fundus of the uterus remaining meanwhile within the pelvis, the cervix protruding from the vulva.

On my first examination I found suspended between the thighs of my patient a tumor of nearly the size of a goose's egg, covered with an entirely dry, smooth, and non-sensitive membrane. At the lower part of the tumor was the os uteri, into which I could easily pass, for an inch, my little finger. The fundus of the bladder and also a large portion of the rectum had been dragged down by the constant weight of the uterus, and they formed a part of the tumor. The bladder and rectum could neither of them be emptied without the whole tumor being first reduced and held up with the hand. The upright position and walking could only be endured, the organs being sustained as much as possible by a T bandage, which had always to be worn. Such had been her life for more than twenty years.

After a careful consideration of her case, I proposed, 1st, the operation noticed in Churchill's Diseases of Women, called episioraphia; 2d, as subservient to the permanent benefit of the first operation, I proposed to mend the ruptured perineum. Accordingly I dissected out an oval or pear-shaped piece of mucous membrane from the anterior wall of the vagina, three inches in length by an inch and

three-quarters in width, extending from within half an inch of the os uteri to about the same or a little less distance from the meatus urinarius. There was no considerable hæmorrhage. The edges of the wound were carefully drawn together by silver sutures, commencing at the cervix uteri. I used a great number of them, and drew the edges very carefully together. Three or four days after some of the sutures sloughed, and I had to put the lead clamps on. There was no other untoward symptom, and in ten days I had the great pleasure to find the edges completely united throughout the whole extent of the wound. And what was very satisfactory, there seemed but very little inclination of the organs to prolapse.

Two weeks and a half after the operation, my patient could be about the house with greater ease and comfort than she had experienced for fifteen years. The bladder was now wholly and naturally evacuated, and injections into the bowel could now be retained, and they would easily move the bowels. One week after I made the subsequent operation of mending the perineum, which was very successful. It was found that a hard rubber pessary now sustained the organs a little higher, and it was consequently inserted.

My patient was called too quickly away to attend upon her husband in his last illness. Could she have remained longer under treatment, and with proper care, she would have been perfectly relieved.

The great relief and benefit to her nervous system were almost wonderful. I have seen her several times since the operation. The relief continues, although she has taxed her energies far more severely than she ought to have done. She looks forward now to a comparatively comfortable old age.

I should have mentioned in its proper connexion, the fact that for some months before the operation she had ceased to menstruate. Two or three weeks after the second operation she menstruated naturally, and has done so several times since.

I have reported this case, as I do not remember to have noticed an account of this operation for this distressing condition in any of our journals. It is also spoken of by Dr. Churchill as rather rare. I send it to your excellent journal in hopes that from it some professional brother may receive a hint that shall enable him to relieve some great sufferer. And as Dr. Churchill speaks of three sutures being sufficient in the operation, I cannot refrain from warning any one who attempts the operation not to trust to so few. I am sure the completeness of the success depends largely upon the number of the sutures, and the care with which the edges are coapted.

July 10, 1862.

CASES

TO SERVE IN THE HISTORY OF THE RELATION WHICH EXISTS
BETWEEN

PUERPERAL FEVER AND EPIDEMIC ERYSIPELAS.

By M. Pihan-Dufeillay,

INTERNE DES HOPITAUX, MEMBER OF THE SOCIÉTÉS D'ANTHROPOLOGIE,
ANATOMIQUE-MÉDICALE D'OBSERVATION.

[Translated from the French of the Union Médicale, by Dr. P. F. C. Deslandes, of New York.]

"I HAVE said that I did not consider it impossible in an epidemic for puerperal fever and surgical fever to be caught spontaneously and without previous lesion, like other specific diseases which form the third class of these affections."—(M. Trousseau, *Discussion at the Academy of Medicine, on Puerperal Fever, Session of the 14th of May, 1858.*) Now, among the diseases which compose this third category, Professor Trousseau, from whom we borrow these words, places erysipelas, the intimate relation of which with puerperal diseases he has more than once had the opportunity of appreciating. This view of erysipelas, and this bringing

under one and the same etiology two affections whose appearances are so contrary, which rage under such peculiar circumstances, and whose predominant symptoms seem so distinct, is not yet adopted by the majority of physicians. Trusting to differences which are perhaps more specious than real, they refuse to admit the identity of the origin of puerperal fever and certain epidemics of erysipelas, and to-day the majority of pathologists consider still these two manifestations of one and the same cause as two peculiar marked species, the admixture and community of origin of which they deny. This line of demarcation which they try to maintain between traumatic erysipelas, which devastates surgical wards, and puerperal fever which devastates *maternités*, must still more separate epidemics of puerperal fever from epidemics of erysipelas, making its appearance in vigorous subjects, enjoying perfect health, and to which the name of spontaneous may be given in opposition to the preceding. The condition inherent to delivery, the modifications which women undergo during parturition, the peculiar characteristics which distinguish puerperal fever, are as many reasons which appear sufficient to deny any resemblance between the two diseases which appear, the one in the circumstances we have just observed, the other in subjects placed in quite opposite conditions, and with symptoms peculiar to it, and not less constant than those of the preceding. There are, however, circumstances in which we see those two diseases come near to each other, in which the morbid phenomena are confounded, and the same miasma, the same cause seems to engender two manifestations identical in their nature and their general symptoms, manifestations which differ only in certain of their secondary characteristics, and in which it is difficult not to recognise at least the community of origin.

But if the question of identity gives still rise to so much opposition, it is not so with that of coincidence, which is now solved for the majority of surgeons.

For them it is evident that under the influence of special atmospheric conditions or any other general unknown cause, there appear at the same time epidemics of puerperal fever in the *maternités*, and epidemics of erysipelas in surgical wards (see the curious thesis of M. Mason, Paris, 1849).

The simultaneousness of the apparition, the march and development of these two diseases, if it was only met rarely, might pass for a simple and singular coincidence; but its constancy gives it quite another value, and leads naturally to admit the existence of one and the same cause, the effects of which, however, are modified by conditions peculiar to the subjects submitted to their action. In this hypothesis, two diseases, apparently very distinct, would recognise one and the same origin, would consequently be of the same nature, would offer the same general symptoms, and differ only by secondary lesions and phenomena; these, in proportion to their intensity and the reactions which are proper to them, modify the aspect of the disease, mask partly its essential general character, which remains unperceived or mistaken, and lead to the division into two distinct nosological families, of two diseases, which are the oftener but two varieties, or at most two species of the same genus. This separating two diseases of the same kind is a result of that analysis of the least details in which, for long years, physicians have sought for a guide to nosology and treatment. To-day taking advantage of the knowledge our epoch has derived from this mode of study, and this exaggerated subdivision, we must try to collect what our predecessors had been obliged to separate, and make the synthesis of all the morbid varieties they have taught us to recognise. It is for this purpose that we shall mention here the most curious facts of an epidemic of erysipelas, which attacked women in perfect health, almost immediately after their passage into a room infected by puerperal fever.

During the second half of January and the first half of February of this year, puerperal fever raged with an extreme violence in the lying-in wards of the Hospital St.

Louis. This service presents, however, excellent hygienic conditions; repaired a short time ago, it is well aired, having numerous windows to the north, the south, and east, isolated from the other buildings, and composed mostly of separate rooms containing only two beds each; the space reserved to each patient is more than sufficient to prevent any crowding. However, the epidemic made such progress that Dr. Hardy was obliged to interdict the admission of any new women. A good many of those already confined in the ward died, and a few were able to leave after some slight symptoms. In a word, the service was evacuated in a few days, with the exception of six women still suffering from serious puerperal symptoms, and who were placed in the small rooms, while the ward underwent cleaning, and the bedding was partly changed. This took place from the 20th to the 25th of February. The large number of women in labor who daily come to the Hospital St. Louis were permitted to close the *service d'accouchements*. M. Hardy had the fortunate idea to give to the lying-in women one of his rooms usually destined for women affected with diseases of the skin, and situated in a part of the hospital remote from the pavilion of the *maternité*. The latter having been dried for a few days, thirty-two patients affected with diverse skin disease were transferred in it from the 8th to the 12th of March, and as their removal took place from the Salle Henri IV. to the Salle St. Ferdinand, they were replaced by lying-in women who came from the outside. These filled the thirty-two vacant beds at Henri IV. from the 4th to the 11th of March, and notwithstanding the apparently unfavorable conditions of this new ward, low room, with stone ceiling, dark, badly aired, almost entirely deprived of isolation, the epidemic was cut short in its march. While a few days before almost all the lying-in women were attacked at St. Ferdinand, many died, and those who survived had a long and painful convalescence after labor. The subjects admitted at Henri IV. experienced no accidents of any kind. Their labor was natural, and it was only a month later that for the first time in that room, two lying-in women died. They had successively occupied the same bed, and both had been submitted, the first in town, before their admission, and the other in the Hospital, to painful obstetrical manipulations.

But at the same time that the sudden and complete cessation of an epidemic extremely intense marked the passage of the women delivered into the salle Henri IV., the removal into the ward infected by the miasma of puerperal fever of the women affected with diseases of the skin, was becoming the origin of a grave epidemic of erysipelas, which may well be called spontaneous; it attacked indifferently all subjects, whatever their strength, energy, and power of resistance, the previous condition of their health, the nature of the cutaneous disease which had brought them to the hospital, roseola, syphilitic papula, accidental erythema, herpes circinnatus, etc.

The diseases had not the same gravity in all cases, or at least the erysipelas did not manifest itself in all the patients with the same degree of intensity. As in the most part of epidemics, the first attacked presented the gravest symptoms. We will therefore confine ourselves to relate the history of the three first subjects in whom the affection developed itself with an extreme vigor, adding that the other cases of erysipelas we observed, apart from their intensity and duration, presented the same characteristics, the same march of the eruption, and the same symptoms.

Case I.—The first case we shall mention is that of a woman, twenty years old, under treatment in the salle Henri IV. for discrete syphilitic papule, and who was transferred, a few days before her cure was complete, to No. 10 of the salle St. Ferdinand. This woman enjoyed at that time very good health; was possessed of a robust appetite, and put under a mercurial treatment, which, notwithstanding its short duration, had produced a very marked amelioration. To all appearances she might have left the hospital in a few days, perfectly cured of the disease which had

brought her there. The mucous membrane of the mouth had undergone no alteration under the influence of the specific medication administered by M. Hardy, with great prudence; the voice was clear, and its tone normal. The patient who had only incipient secondary symptoms did not complain of any pain either in the pharynx, the larynx, or velum palati. The last menstrual period had made its appearance normally, and the flow of blood had ceased for eight days.

It was in these conditions that this woman left the salle Henri IV. where, at that time, there existed no germ of erysipelas, to pass into the salle St. Ferdinand, seven days after the evacuation of that room by the lying-in women.

During the first days of her sojourn there nothing abnormal made its appearance; it was only the fifth day (17th of March) that she felt a slight chill with malaise, extreme lassitude, cephalalgia, and intense fever. This attack, which nothing explained, ended on the morning of the 17th, and we thought we had had to deal only with an ephemeral fever without any gravity, when a second attack more violent than the first supervened in the evening, presenting amongst other peculiarities a well marked and well localized pain in the cervical and sub-maxillary ganglions. An attentive examination of the different organs revealed to us no lesion that might explain this fever, and we were reduced to suppose they were intermittent attacks, reserving the diagnosis as regards an erysipelas which the pain on pressure led us to fear as well as the *empatement* and tumefaction of the sub-maxillary ganglions.

The next day (19th) our fears were confirmed, and we saw an erysipelatous redness, developed during the night, occupying all the root of the nose, and extending towards the forehead.

The day passed without anything peculiar; the patient was rather depressed, the pulse was at 110, some diarrhoea had supervened during the day, the erysipelas extended.

The night of the 19th to the 20th was painful; the patient became delirious, and the 21st in the morning presented the following appearance: The face, ears, and a great portion of the scalp, were affected with erysipelas; the tumefaction was enormous. Notwithstanding the few cerebral symptoms which we have mentioned, and which, in subacute affections, coincide most generally with constipation, the diarrhoea had increased. The feces were brownish, very liquid, of a foetid odor. During the few hours' interval between the morning and evening visit, the patient fell into a state of prostration which made very rapid progress. The pulse was feeble, and disappeared under the pressure of the finger; presented some intermissions, and beat 120 pulsations a minute. The skin was dry and burning to the touch; the ganglions of the neck were very painful, swollen, and their development under the jaw prevented the patient from opening her mouth easily. The inflammation, seated on the cutaneous fold of the lips, had probably gained the mucous membrane; however it be, the patient complained of heat and dryness of the mouth, and of difficulty in swallowing; an examination showed the velum palati tumefied, and of a deep red; the tongue, red at the edges, was dry and rugose in the middle. No nausea, and the delirium of the night disappeared with the day.

On the 21st the prostration had increased, the night was calm and without delirium. The pulse, extremely weak and depressible was at 114, and more and more intermittent. The erysipelatous eruption remained stationary. The laryngo-pharyngeal pain had increased, and it was with extreme difficulty that the patient opened her mouth, and that we could ascertain the presence of a kind of whitish substance lining the back part of the mouth, without our being able to ascertain whether it was a pul-taceous or diphtheritic membrane, or a simple concretion of mucus. No nausea, but the diarrhoea continued the same.

22.—The prostration was on the increase, the patient extremely feeble, with a complete resolution of the limbs; during the day the intellect was perfectly clear, notwithstanding a slight nocturnal sub-delirium; the answers were

prompt and correct, but only by gestures or some sounds articulated with difficulty and very low. The laryngeal pain persisted. The erysipelas had ceased to extend, and the tumefaction of the parts first invaded was on the decrease. The pulse was at 130, with the same characteristics as the day before. To sum up; the inflammatory symptoms were decreasing whilst the general symptoms aggravated.

By the 22d, the desquamation had begun; the diarrhoea was very intense. The mouth, opened with much pain, showed the same alterations already mentioned of the mucous membrane of the velum palati. The white coating persisted, but seemed soft and pultaceous; the tongue was dry and rugose, covered with a rather shiny coat. The respiration was frequent, but neither whistling nor laryngeal; however, the patient suffered from a real and fatiguing dyspnoea, although the respiration and expiration were free; the thoracic organs revealed no morbid symptom. The abdomen was rather tumefied and painful on pressure; the pulse was hardly perceptible, and its beats could hardly be counted.

These symptoms aggravated rapidly; in the evening we found them present as in the morning, but intenser; the intellect was unimpaired. Patient died in the night of the 23d to the 24th of March.

Post-mortem, made thirty-four hours after death.—*Rigor mortis* completely absent, notwithstanding a cold temperature. The opening of the cranium revealed a rather small congestion of the venous plexus, and of the vessels that surrounded the cerebral mass; no obstruction of the sinuses; the membranes were normal; the encephalic mass had its usual consistency presenting—some congestive marks. The thoracic organs were perfectly healthy (heart, lungs, pleural cavity). On opening the abdomen we found the peritoneum slightly injected; the portion of serous membrane which lines the pelvis and is reflected on the anterior abdominal parietes presented numerous vascular striæ. The liver, kidneys, and uterus were healthy. The spleen was very voluminous, and its tissue softer. The intestinal tube was quite intact; the small and the large intestine presented neither redness, nor vascularities, nor ulcerations. The mucous membrane of the mouth was normal, except on the uvula and the anterior pillars of the velum palati, where there was a little œdema. The tonsils were not enlarged. The larynx was removed with the trachea and the œsophagus. The latter was healthy. As to the larynx, it offered a very superficial exulceration of the two superior vocal cords; the bottom was reddish, and the edges formed insensibly a continuation of the congested mucous membrane. The aryteno-epiglottic ligaments were entirely destroyed and reduced to a greyish putrilage. The lesion was limited to the mucous membrane, and had not reached the cartilages below which it stretches. Lastly, the blood was dark, coagulated in soft clots which easily fell in deliquium.

To the first case we shall add two others whose symptoms were almost as serious, although they ended favorably; we will only record their principal features, not to tire the reader with useless details.

(To be Continued.)

INSANITY FOLLOWING INJURY OF HEAD.

OPERATION.—DEATH.

By JNO. B. CHAPIN, M.D.,

BRIGHAM HALL, CANANDAIGUA, N. Y.

B., aged 24, farmer, was admitted July 27, 1860. At the age of fourteen he received a kick from a horse, producing a compound fracture of frontal bone. Some loose fragments were removed. There remained, however, a depression of bone, visible to the eye, running in direction of a line from right frontal eminence to left superciliary ridge, deep enough to receive a finger. The remote effect of the injury was to produce an alteration in character of patient. He became irritable, excitable, and eccentric. He used

tobacco to excess, and occasionally drank to intoxication. Notwithstanding his affliction, he was a person of fair capacity, and performed his duties intelligently.

Eight years ago he had an attack of insanity, lasting six weeks. Two years ago he had a second attack, lasting a few weeks. Present attack commenced three weeks prior to admission, since which time patient has been in a state of excitement, sleeplessness, disposed to wander from home during the day and night with no apparent object.

After admission of patient he continued in much the same state; declaimed in a loud and turbulent manner; had delusions of a religious character; was noisy at night. There was no considerable disturbance of physical health. The circulation was irregular, and during paroxysms of excitement face became congested. The form of disease was that usually described as paroxysmal mania.

Under the quiet of the house, and with the use of anodynes (hyoscyamus and warm bath), patient became calm, improved in physical health, slept well, and conversed properly and rationally.

On the 19th of October he was removed for the purpose of having an operation, which had been determined upon by the friends, performed with a hope of permanent improvement or relief.

A brother, a physician, informed us by letter that the operation of trephining was performed over the depression. The membranes were attached by firm adhesions to the depressed bone. Reaction was not established until three days after, when it appeared suddenly and violently, lasting twenty-four hours, during which time patient could not be kept in bed, but walked about the house. He passed into a comatose condition, and died five days after the operation. There was no post-mortem examination. The dura mater, which was thickened, was accidentally opened, and two or three ounces of effused fluid escaped.

Cases of this character are not of frequent occurrence, yet they are met with from time to time. We have at the present time under our care a case closely analogous to the one reported above in the location and extent of the injury. The patient has epileptiform convulsions; a propensity for intoxicating drink; a passionate, impulsive, and dangerous disposition. The propriety of an operation is a question of frequent recurrence with the friends of such patients, from the fact of their distressing condition, and that the cause of it is visible. In the case in question, and in similar instances, we should decide after answering two inquiries:—

First. Are the adhesions between the depressed bone and membranes so firm as to admit a separation only at serious risk of injury to them?

Second. Did the accident probably produce such extensive injury of the membranes, or brain substance, as to bring about a permanent alteration of the healthy condition of the circulation, or of the nutrition of the brain?

If these inquiries are settled affirmatively, while no improvement will follow an operation, the patient's life still will be jeopardized by the succeeding excitement and reaction which are among the hazards to be encountered.

ROKITANSKY AND THE VIENNA SCHOOL.—For the last twenty-five years has Professor Rokitansky thrown brilliancy upon the Vienna school, by his well known pathological investigations. It would appear that the dead-house attached to the general hospital was quite inadequate to the Professor's labors; but, undismayed by this circumstance, Rokitansky has continued for many years to pursue his valuable researches. Government at last perceived that some improvement in the building just alluded to was imperatively called for, and a very appropriate house was ordered to be constructed. On the 25th ult., this was inaugurated with great pomp, Rokitansky being, of course, the cynosure of the ceremony. The subject of his speech was "Liberty in scientific researches." The Professor has lost none of his powers, and bids fair to render, for a long time to come, valuable services to medical science.—*Lancet.*

Reports of Hospitals.

HOSPITAL SHIP EUTERPE.

HOSPITAL CONSTRUCTION—FEVER OF THE PENINSULA—EFFECTS OF MINERAL WATERS.—AMPUTATIONS, ETC., ETC.

THE numerous transport vessels in the employ of the Government and of the Sanitary Commission, are now all in active service, and are accomplishing the work of caring for the sick and wounded in a manner that does credit to all concerned. The numerous difficulties which were presented during the first part of the campaign are now being rapidly removed, and the whole is reduced to a system which allows for the greatest expedition in transportation and hospital provision. The vessels themselves have been greatly improved in construction; more care being taken against over-crowding and ill-ventilation than formerly. These improvements are such, however, as could only be taught by experience, and the hospital ships *St. Mark* and *Euterpe* can safely be said to represent the greatest advantages which are at present combined in any one of the vessels. The *St. Mark* being the first of these that was fitted out for the hospital service proper, the *Euterpe* is much more perfect in its detail arrangement. The middle deck is the only part of the ship which is fitted up into wards, and there are accommodations for about two hundred and fifty patients. The bunks are arranged on standees, after the manner of shelves, three deep, which arrangement is necessary in order to economize space. Besides these bunks, there are numerous iron cots intended for those severe cases which require extraordinary care in dressing, and which could not otherwise be well seen to. The ceiling is much higher than that of the *St. Mark*, and thorough ventilation is constantly kept up by tubular ventilators placed at suitable distances, and also by three or four large windsails. The water-closets are portable, and are so arranged that not the least effluvia escapes from them after they have been used. An operating table is also provided under the main hatch, but when in use is screened from the view of the patients in the vicinity by means of a curtain arrangement. Intended as it was for a floating hospital, nothing is wanting in its construction and adaptability to make it suit its purpose.

It is under the Medical directorship of Dr. J. KING MERRITT, with the following staff of surgeons:—Drs. GEORGE F. SHRADY, BRADFORD L. B. BATLIER, and J. B. PONCE DE LEON.

The *Euterpe* left this city on the 3d of July last for Fortress Monroe, where she remained for a fortnight, and returned on the 22d inst., with two hundred and thirty sick and wounded.

The number of cases of fever was considerable, and afforded an opportunity for the study of some of its characters. Though resembling typhoid in its general phenomena, it is evidently an altogether different disease. It seems to partake of the malarial character entirely, and yields readily to quinine and stimulation. This fever, owing to the great amount of difference in opinion as to its precise character, has received a multitude of distinctive names. At first typhoid fever was the term used in preference to all others, and not a few are yet to be found who still hold to that opinion. Others rightly consider it malarial, while others still dodge between the two points of committal by calling it the "fever of exhaustion." This discrepancy of opinion, as regards the use of a particular name for a particular disease, is constantly seen in the most amusing light in the reports of different medical officers in the same localities. One believes in nothing but typhoid, another writes everything remittent, while another has opposite the name of his patient the strangely incomprehensible term, "fever of exhaustion." All, however, seem to agree in the matter

of treatment, viz. quinine and stimulants, and as far as any practical result is concerned it matters but little, for the present, at least, what name the disease goes by. Post-mortem examinations in sufficient numbers are the only means which we will have of settling the question. The fever is peculiar in many respects, and as those peculiarities are more and more studied, so will the significance of each be determined. Until then, in order that there should be a degree of uniformity in the name, at the same time that the pathological character of disease be not expressed, the term "fever of the peninsula" seems open to the least objection. A calm and thorough investigation of the fever, by army officers, cannot be expected, considering the, so to speak, wholesale manner in which they are compelled to treat the disease; but as our metropolitan hospitals are being filled with it, and as the patients promise to be a sufficient length of time under observation, we may soon hope to receive for it a proper name.

In those cases on board the *Euterpe*, there was noticed a marked tendency to diarrhoea, the number of passages amounting in the average to five or six per diem; then besides this, there was present, in all the severe cases, a deep bronzed discoloration of the skin entirely distinct from the ordinary tan.

Then again, extreme lassitude was complained of; the nervous force seemed to be weighed down by the weight of the poison to such a degree as to render the person almost incapable of the slightest exertion. This element of the disease was graphically described by Dr. Cuyler, in an allusion to the case of one of our generals, who, when in health, was remarkable for his activity. The general, in describing his feelings to the doctor, said: "Doctor, I am very thirsty; I am almost dying with thirst; there is the water which has been within my reach this last half hour, and I have not had the energy to stretch out my hand to take it!" The diarrhoea was easily checked by mild astringents. Almost all the cases required quinine and stimulants.

At the suggestion of Dr. Hanbury Smith, a quantity of bottled Kissingen and Pymont water was taken from New York, the former to serve as a mild laxative, the latter as a vehicle for stimulants. Both these mineral waters were tried, and answered very well. Dr. Shradly, who used them most, expresses himself very well satisfied, especially with the Pymont. The stimulant, either whiskey or brandy, was quickly added in suitable quantity to the water, and the whole was taken during effervescence. The draught was very agreeable to most of the patients, and the carbonic acid which was given off, rendered it particularly grateful to those whose stomachs were irritable. Of course, the trial was not a sufficiently extended one to warrant a recommendation for universal adoption, but the temporary good effects are certainly good enough to call the attention of the profession to the point. The Kissingen, given early in the morning on an empty stomach, acted very kindly, and was used in all those cases requiring a laxative.

The wounds were various, both as regards their extent and situation; but most commonly they were confined to the lower extremities. It was rather remarkable to notice quite a number of cases, in which the ball entered the thigh about the junction of the middle and lower thirds, passing through the limb without injuring the femur, or any important blood-vessel. In two or three instances of this sort, both thighs were wounded in the same way. The wounds were nearly all made by the minié ball, and were slow to heal. There was the usual percentage of compound fractures of the thigh and leg.

Those patients who had suffered amputation of the thigh or leg were pretty badly off. In most cases, either there was an insufficiency of flap, or the granulating surfaces were covered with slough. Very few of the stumps looked shapely.

THE City of Louisville, Ky., requires the Professors in the Medical College to take the oath of allegiance.

Reports of Societies.

MEDICAL AND SURGICAL SOCIETY.

DR. T. M. HALSTED IN THE CHAIR.

MEDICAL AND SURGICAL CASES.

STATED MEETING, May 4, 1901.

ACUTE CHOREA TREATED WITH WHISKEY.

DR. CLARK related a case of acute chorea which was interesting from the illustration it afforded of the good effects of what he believed to be an entirely novel treatment in that disease. A girl, sixteen years of age, was admitted recently to Bellevue Hospital suffering from an aggravated form of chorea of four weeks' duration. The convulsive movements were so violent and incessant that she had not slept for four or five nights previous to the admission. Dr. Clark having observed the sedative effects of whiskey administered in intoxicating doses in some cases of idiopathic tetanus, determined to try the same remedy in this case. He directed that half an ounce of whiskey should be given to the patient every half hour until intoxication was produced if necessary and sleep followed. After the third dose the girl slept half an hour, after the fourth dose she slept three hours, and from this time she slept well with doses repeated at longer intervals, and subsequently with the use of tonics has improved rapidly. There were no symptoms of heart disease in this case, and there had been no previous rheumatism of the joints.

RAPID ACCUMULATION IN HYDROCELE.

DR. POST referred to a case of hydrocele which was remarkable for the large accumulation of fluid (eight ounces) that had taken place in three weeks. It was also somewhat peculiar in shape, its outer posterior diameter being greater than its supero-inferior. There was also a conical appendage in front extending towards the inguinal ring.

CEPHALIC VERSION IN BROW PRESENTATION.

DR. ELLIOT, after alluding to the difficulty of cephalic version in cases of brow presentation, related a case which illustrated strikingly to his mind the difficulty of the operation. In this case he replaced the hand and arm, and succeeded with a single blade of the forceps conjoined with abdominal manipulation in converting it into a head presentation. On returning to the patient after a few hours, absence it was found that the head had slipped back, and the effort was again made by the vectis to bring down the occiput, but this time without success. Podalic version was then resorted to, the head resisting delivery either by manipulation or forceps; the labor was terminated by perforation, pulsation having ceased in the cord during arrest of the head.

DR. ELLIOT alluded to a second case to which he was called soon after the last, where he found the head and arms in the vagina and the brow presenting. The child was dead. In this case he performed craniotomy, not being able to convert it into a head presentation.

STATED MEETING, May 18, 1901.

COMPOUND FRACTURE OF SKULL.

DR. ALLIN related a case of fracture of the skull in a child one year old. The child fell from the mother's lap, producing a deep indentation near the right ear in the parietal bone. A severe convulsion occurred before the Doctor reached the child. An incision was made through the scalp over the seat of fracture, and an opening through the skull effected with a Hey's saw:—Some fragments were chipped off the edges of this opening with a probe so as to allow the introduction of a pair of forceps, by which the depressed portion of bone was raised. The child has since done well, there has been no return of convulsions.

RUPTURE OF UTERUS.

DR. ELLIOT related a case of labor to which he had been called in consultation. The woman was pregnant with her eighth child. The presentation was normal, and the labor had progressed naturally until six hours previous to Dr. Elliot's arrival, when she complained of acute abdominal pain, and labor pains suddenly and entirely ceased. There was no nausea and no hæmorrhage. The child was dead, and the placenta detached, except at one point. Dr. Elliot delivered the child. No hæmorrhage followed: the uterus contracted well, and no laceration was detectable. Symptoms of peritonitis ensued with coffee-ground vomiting. She died on the third day. No autopsy was obtained. Dr. Elliot was sustained by the members of the society in the opinion that there had been a rupture of the uterus.

IMPERFORATE ANUS.

DR. POST detailed a case of imperforate anus, in which he had been obliged to resort to the operation for making an artificial anus. The anus was perfect for half an inch. There had been vomiting of yellow matter previous to the operation, and the effort was first made to dissect through the septum and reach the distended gut from below. This failing, the descending colon was exposed in the left lumbar region behind the peritoneum. An opening was made into the gut, and the edges of the opening were attached by sutures to the skin. The meconium escaped freely for twenty-four hours after the operation. The following day erysipelas attacked the wound, extending to the genitals, also erysipelas of the face, and the child died.

ABSCESS OF LUMBAR REGION OPENING INTO BLADDER.

DR. POST related also a case of abscess occurring in the lumbar region, and finally opening into the bladder. The woman was attacked some weeks since with violent pains in the right lumbar region, which were supposed to be due to the passage of a renal calculus; soon afterwards the side began to swell posteriorly and in front between the umbilicus and the ant. sup. spinous process. Suddenly the swelling subsided. Pus passed freely with the urine, and the patient is now doing well.

ANEURISM OF INTERNAL MAMMARY ARTERY.

DR. CLARK related the case of a man, æt. 45, who presented himself at the clinique four months since with a tumor in the left breast. The tumor was as large as his fist, hard, having a slight pulsation and a very feeble double murmur at the apex, and synchronous exactly with heart sounds. There was no expansive pulsation, and no pulsation between the tumor and the heart, or between the tumor and the subclavian. There was no fluctuation, but a broad base of dulness extending equally on all sides. It was supposed to be an accumulation of fluid between the pleura and ribs, or between adventitious pleuritic membranes and ribs. At the end of three weeks a conical tumor over the middle of the sternum, the tumor opened and discharged freely. The dulness was considerably diminished, but the pulsation remained, and the murmur continued. Now, after four months, during which pus has been discharged more or less freely, the distinctness of aneurismal disease of the internal mammary artery is clearly marked.

EXOSTOSIS OF DORSAL VERTEBRÆ—PRESSURE ON VESSELS, ETC.

DR. CLARK related also the case of a man who complained of pain under the first rib and clavicle of the left side, extending to the shoulder. After exertion he loses his voice. There is no pulse in the left radial nor in the subclavian outside the seat of pain. The veins of the shoulder and arm are varicose. There is no loss of sensation or motion. There is a prominence at seat of pain, hard and dull on percussion. The respiration as heard in the region of the tumor is half bronchial, and seems to be communicated. The tumor pulsates, or rather heaves; it has no expansible pulsation. Dr. Clark supposes the exist-

ence of an osseous growth from second dorsal vertebrae causing pressure on the vessels, and on inf. laryngeal nerve.

DR. PARKER alluded to a case of supposed aneurism of the int. main. artery which was sent to this city from the country for consultation. It was finally determined to be aortic, and so proved at death. Dr. Parker also alluded to a case of excavation of the first rib, occurring in a young lady, sixteen years of age. It reached above the edge of the clavicle, and stretched over it to the artery, vein, and nerve. No interference was advised, and with the cessation of growth the tumor ceased to develop, and subsided so as to give no trouble.

DR. AGNEW related a case of subacute glaucoma in which he had performed Hancock's operation. The patient at the time of the operation could not distinguish a champagne glass. Twenty-four hours after the operation could distinguish a latch key, soon after a watch key, and at the end of a week could read ordinary type. At the New York Eye Infirmary Hancock's operation is preferred to Graefe's as avoiding deformity.

American Medical Times.

SATURDAY, AUGUST 2, 1862.

THE GRAND ARMY.

ONE year ago we placed at the head of an editorial article the phrase, "The Profession and the Crisis." The disastrous battle of Bull Run had just been fought, the public was in a state of nervous apprehension, and alarm filled every mind. We then took occasion to allude to the duties, obligations, and responsibilities of the medical profession, and endeavored to point out how its power to remedy some of the existing and prospective evils might be applied. From the prostration which followed that memorable battle the country gradually recovered, new armies were raised, equipped, and put in the field, surpassing in numbers, physical perfection, provisions, and every article necessary to the comfort and health of the individual soldier, any army of modern times. The nation took new courage, became proud of its military strength, and finally stood ready, not only to crush all domestic combinations against its authority, but to arbitrate diplomatic questions with foreign governments on the field of battle.

One year has passed—a year of battles, of victories, of marchings and countermarchings innumerable. The country has rung unceasingly with the clash of arms. But the year has closed, as it commenced, with a great crisis. The "Grand Army" on which rested the hopes of the nation, has met with a reverse more disheartening than the defeat at Bull Run. It has failed in every particular to accomplish its object, and now lies on the inhospitable banks of James River, weak, worn, and wasted, a mere remnant, watched over and protected from the rapacious enemy by an all-powerful fleet. Again the country is aroused by official proclamations, summoning it to make a fresh draft upon its life-blood.

The past year has necessarily been replete with valuable but dearly-bought experiences to us, an unmilitary people, and it would not a little strengthen our faith in the successful issue of this struggle, if the Government would profit by them. As we are now about to renew our armies,

and commence a new campaign, the occasion is profitable to consider the causes of our disasters, and the remedy.

The secret of the failure of our armies is comprised in this single word—*SICKNESS*. Study the last campaign in whatever light we may, the inevitable conclusion is that our defeats are almost solely due to sickness. Of the entire army, one hundred regiments are to-day invalidated, and this represents but a fraction of the actual reduction of its physical energy and strength. The campaign on the Peninsula is a striking example of the utter failure of a large and well appointed army to accomplish its purpose, when little or no regard is paid to the prevention of disease. Within the short space of three months it is estimated that 50,000 men were sent to the rear of the "Grand Army of the Potomac." During that time it was within twelve hours' sail of the Capital, and Commissary stores were in unlimited quantities, at the command of the proper officers. The army marched less than a hundred miles through a rich farming country, but long before it reached the point for effective operations the commanding officer was obliged to ask to have his army renewed. During this time there was no prevailing epidemic, or other disease which a careful attention to the simplest laws of hygiene would not in a great degree have prevented.

Let us notice some of the more palpable causes of weakness and disease:—The first cause of weakness is due to mustering into service of unfit persons. This has been done to a most dangerous extent. Boys and old men, men suffering from hernia, varicose veins, chest and heart diseases, etc., often passed muster without a word of objection. There are many instances of persons joining the army because their diseases incapacitated them for active business. The blame here rests with the medical inspectors appointed by the State authorities. These inspectors were in some instances utterly unfit for such duty, being unqualified to make a proper medical inspection. At one of the most important recruiting stations in the country nearly every form of disability was overlooked. In other instances the inspectors, for the smallest bribes, passed men whom they knew to be unfit for the service. An army made up of such material has, within its very earliest organization, the seeds of disaster and ultimate failure. The army of the Potomac was composed of much of this material, which was not very apparent while in camp, and subjected to no other fatigue than the daily drill. But the first decided movement diminished the number of soldiers, but not the strength of the army, by thousands. This class of persons have also filled the hospitals throughout the entire season. The first exposure to the inclemencies of the weather and to fatigue, has invalidated them for the period of their enlistment.

A second palpable cause of disease has been the unhealthy location and inadequate provision of camps. There is doubtless an occasional military necessity for the location of a camp on grounds unfit for the residence of man, but this is seldom, and almost never of long duration. And yet the army of the Potomac was scarcely ever on healthy grounds, though often in the immediate vicinity of healthy localities. When it broke camp in March the troops were marched rapidly to Manassas, thence back to the Potomac, upon the banks of which they lay for three weeks waiting for preparations for the expedition to be completed. During that time they were almost within sight of their comfortable but deserted tents, with no covering other than meagre shelter

tents. As a consequence the hospitals of Alexandria and every available building were filled with soldiers suffering from rheumatism, pneumonia, pleurisy, etc. When at length the army moved to the Peninsula, the most unhealthy localities were selected. The extensive low grounds at the mouth of James river, that during the spring season are covered with pools of stagnant water, were occupied by the army. Here they remained for weeks with the same meagre tents, and the same result followed as at Alexandria. The hospitals were soon crowded with every form of disease dependent upon exposure; so excessive was the sickness that hospital tents in larger numbers were erected in the vicinity, and all were crowded. Here the Grand Army had its strength sadly reduced. Moving forward to the scene of its first operations the army sat down before Yorktown. Here the camping grounds were selected with no better care, and combined with this fertile source of disease was hard labor in the mud and cold. From this point the transports were busily engaged for weeks in conveying the sick away to distant hospitals. The depletion of the force here was so great as to excite apprehension that this army might not be able to cope with its adversary. After the evacuation of Yorktown, the army pressed on by hurried marches to the Chickahominy, where it again sat down in the very stench of malaria. The reduction of its numerical and physical strength now became frightful and alarming. It was rapidly melting away in the very face of the enemy beyond all power of recuperation. In the final struggle its commanding general required 50,000 more men than he had, but that precise number had been invalidated from its ranks through gross neglect of their health and comfort.

A third cause of disease has been a disregard of camp police. Cleanliness of the grounds, and cleanliness of the person, have generally been most shamefully neglected, and the result has been diseases of the severest type. In vast numbers of regiments of the Grand Army, every form of nuisance has been allowed to accumulate on the ground and in and around the tents. In these regiments personal neatness was not even thought of. No trite apology of "military necessity" can excuse a neglect of cleanliness—the first element of health.

A fourth cause of disease has been improper and badly cooked food. The supply of food in the gross to the army has not, we believe, been deficient, except in extraordinary cases. Government has been lavish in this respect, and has not spared money to give a good supply of food. But she has allowed the most consummate knaves to make the purchases, and so fearfully have they imposed upon her confidence that the term Commissary is a by-word and a hissing in the army. Every article that could be adulterated, has been, so thoroughly, that of many articles the original cannot be detected by the senses. And yet for all these stores the Government has originally paid the highest market price. In regard to the cooking it is safe to say that the food could not well be made more unpalatable and indigestible. An hour spent at surgeon's call will convince any one of the truth of this statement; the greater number of those suffering slight indisposition complain that they "cannot keep the food on their stomachs."

These are some of the more prominent features of the medical history of the Grand Army, which our military authorities should study well before they enter on another campaign. It has very properly been suggested that the

Medical Inspector should be chosen from the regular service. There can be no doubt of the necessity of this change. It will be seen that the chief causes of camp diseases are easily preventable; they grow out of the violation of some of the simplest laws of hygiene. Good camping ground can, with but an occasional exception, be selected without in the slightest degree interfering with the military plans of a commandant; tents and their necessary furniture may be preserved, as a general thing, if proper care is exercised. A disregard of camp police and personal cleanliness is an unjustifiable neglect of the plainest laws of health. The Army of the Potomac has some very marked illustrations of this fact. There are regiments which have preserved the most rigid discipline under the immediate inspection of their colonels, and the result has been that the numerical strength has been but slightly reduced by disease. In the matter of the supply of food a system should be adopted which would bring to the camp the best article in market. Cooks should be sent with the army, whose only duty is to attend to the care and preparation of the food.

We are aware that a warning voice from the medical department is more often disregarded than heeded, and yet it is the first duty of our authorities to seek its counsel. The medical history of the "Grand Army" embraces in truth all the causes, patent or concealed, of the failure of the last campaign throughout the entire country. That history it is not for us to write, but it should be written by the proper department and laid before Government. It would be a chart more valuable for the General-in-Chief in conducting the ensuing campaign, than are the maps of the coast survey to the commodore who endeavors to approach and reduce a southern seaboard town.

THE WEEK.

THE protective power of vaccination is still an unsettled question. Jenner declared that he had discovered a means of rendering the person protected by it *perfectly secure* through life from the infection of small-pox. The error is now palpable; but to what extent the vaccine is protective is undecided. In view of this doubt Prof. Dickson, of Philadelphia, proposes both vaccination and inoculation in the same individual—The first being the most certain *modifier*, the second the more efficient *protective*. The failure to secure legal enactments to compel vaccination, he attributes to the opposition to innovation, and the want of confidence in the measures used. The latter objection, he thinks, would be overcome by the means proposed, and the former by the united effort of the medical profession. He says: "Let us, then, with energy, perseverance, and unanimity, recommend to all civilized governments the combined employment of these two safeguards. Let us procure that it shall be ordained, that every child shall undergo vaccination by some expert within a month after birth; that as soon as the constitution shall have gone through its influence, inoculation with variolous virus shall be performed; and that this latter operation shall be repeated again and again at brief intervals, until all reasonable satisfaction has been attained, of the entire eradication of the susceptibility to small-pox." It is encouraging to find so eminent a member of the profession pledging his efforts in behalf of compulsory protective measures against small-pox. If his earnest appeal were heeded, and the powerful influence of the profession concentrated upon this all-important object,

scarcely a year would pass before the good fruits would appear. PROR. DICKSON states that he has prepared a series of ordinances, but he refrains from presenting them, as the first step to action is a "careful and deliberate consultation as to the *modus operandi*." We hope he will not let this matter rest here, but will organize a plan of action, and give it the sanction and force of his powerful influence.

At the outset of the War, we proposed that an appropriation should be made by Government of money for the purchase of artificial limbs for soldiers who have lost their arms and legs in service. This proposition has been entertained in Congressional circles, and it has been stated that an appropriation was actually made at the last session of Congress. Through what channel this fund is to be applied to its specific purpose we are not informed. We have recently called attention to the importance of sustaining by our patronage, those qualified members of the profession who devote themselves exclusively to the specialty of mechanical surgery. There are now thoroughly qualified medical men engaged in every branch of surgical mechanics; all real improvement must emanate from them. But every branch of this department of surgery has its pretenders, who have no shadow of claim to respectability. They hawk their wares about the streets as the merest matters of merchandise, endeavoring to attract attention by all the shallow devices of mountebanks. If Government place a fund at the disposal of any authority for the purchase of artificial limbs for soldiers, we hope no part of it will be diverted to the pockets of these arrant quacks. Pretensions of patriotism, and distressing sympathy for our brave volunteers, and similar appeals, should be regarded as *prima facie* evidence of incompetency.

THE recent act (on another page) abolishing the office of Brigade Surgeon is, we learn, not well received by this class of medical officers. The position which they have hitherto occupied has been dignified, and the duties for the most part administrative. Many have been made medical directors, others have been placed in charge of important hospitals, and still others have been appointed medical purveyors. The change in the law does not, we believe, contemplate any special change in the duties of the Brigade Surgeon. It merely removes him from the supposed necessary connexion with a brigade, and places him more immediately under the direction of the Surgeon-General. He now becomes a Surgeon of volunteers, an honorable rank, and one that entitles him to all the consideration which he enjoyed in his former position.

In the series of sanguinary battles before Richmond we have yet to learn that a single surgeon failed to do his duty. On the contrary, we have the most undoubted evidences of courage and heroism in the hour of greatest peril. Many continued their ministrations to the wounded under the hottest fire, and left them only after the most positive orders from superior officers. A large number volunteered to remain, and give themselves up as prisoners with their wounded, for the privilege of continuing their care of them. As soon as the army rested upon James river innumerable recommendations for promotion of officers of the line, commissioned and non-commissioned, for bravery, were sent to Washington, and promptly ordered. But no surgeon is allowed to receive higher rank for meri-

torious conduct; his rank remains stationary. This is not just; the country has the services of some of its best surgeons, and it should reward that courage and devotion, which are displayed in the care of the wounded, with promotion.

In another column will be found the correspondence elicited from the officers of the Army of the Potomac on the occasion of the retirement of DR. TRIPLER from the office of Medical Director. From the battle of Bull Run, to the date of the order relieving him from duty, DR. TRIPLER and his brother officers seem to have harmoniously labored together in perfecting the discipline, equipment, and general efficiency of that army, at one period so complete in all its appointments for active service. These testimonials are an honorable acknowledgment of the high regard entertained for him by his associates, and will prove as gratifying to the profession at large, as to the circle of his immediate friends.

Reviews.

ON MILITARY AND CAMP HOSPITALS, AND THE HEALTH OF TROOPS IN THE FIELD. BY L. BAUDENS, Medical Inspector of the French Army, etc., etc. Translated and Annotated by FRANKLIN B. HOUGH, M.D., late Sanitary Inspector in the Army of the Potomac. New York: Baillière Brothers, 1862, pp. 260.

THE name of Baudens has long been familiar to the student of French surgical literature. Nearly every branch of practical surgery has been enlightened by his pen. During the latter portion of his life his attention was more particularly directed to military medicine and surgery, and not the least important of his writings are on this or on kindred subjects. For ten years he was Surgeon-in-Chief of the military hospital of Val-de-Grâce. During the Crimean war he was appointed Medical Inspector to the French Army, and the present work embraces the results of his labors in this great field of observation.

The work is divided into four parts and an appendix. Part I. relates to camps; Part II. to the field hospital and medical service; Part III. to the hospitals and their diseases; and Part IV. to the return of the army.

In each division the author enters at length into a discussion of the different topics which present themselves, and gives the valuable results of his observation and experience. The location of camps, their arrangement, etc., the management of the ambulance service and the surgery of the field and hospital; the location, ventilation, and management of permanent hospitals, with a full consideration of their diseases,—these subjects, covering the whole field of military medicine and surgery, are carefully reviewed. A mind of such practical experience as that of Baudens could not be directed to this subject without educing much that will prove of permanent value to military surgery.

The style of the work is rather that of the narrative, and is very agreeable. The translation is literal, but the original is not always exactly rendered, and the English composition is often defective. The work will, however, give great satisfaction to our army surgeons, as it is full of valuable instruction in matters which daily interest them. The notes by the translator are useful.

A PRACTICAL TREATISE ON THE DISEASES OF THE HEART AND GREAT VESSELS, including the Principles of Physical Diagnosis. BY WALTER HAYNES WALSH, M.D. A new American, from the third revised and much enlarged London edition. Philadelphia: Blanchard & Lea, 1862, pp. 420.

This work is too well known to the American physician to

require other notice than the announcement of a new and revised edition. The author thus sums up in his preface the improvements which have been made in this edition: "much new matter has been added, and the entire work in a measure remodelled. Numerous facts and discussions, more or less completely novel, will be found in the description of the principles of physical diagnosis; but the chief additions have been made in the practical portions of the book. Several affections, of which little or no account had been given in the previous editions, are now treated of in detail. Functional disorders of the heart, the frequency of which is almost rivalled by the misery they inflict, have been closely reconsidered; more especially an attempt has been made to render their essential nature clearer, and consequently their treatment more successful, by an analysis of their dynamic elements."

Correspondence.

IS IRIDECTOMY A NEW OR OLD OPERATION?

[To the Editor of the AMERICAN MEDICAL TIMES.]

Sir:—When I responded to the questions deferentially asked by Dr. O'Reilly in your issue of the 28th of June, I had no idea of entering into anything like a controversy. Dr. O'R. had, it seemed to me, candidly asked his questions—"with a view," I quote his own words, "to bring the subject under the discussion of persons more competent to do it justice" than himself. I considered it, therefore, due him, as well as of interest and profit to your readers generally, to state the facts on the most striking points of his queries. I must on this account the more regret that he should not have endeavored to understand me better before continuing to draw conclusions from erroneous premises.

The only rational basis of his communication of last week consists in the peculiar meaning he attaches to the two expressions "*uveal coat*" and "*optical purpose*." If he were right in these definitions the question at issue would still admit of argument, but he does not understand or use the terms according to their scientific signification at the present day:—

First.—The *uveal coat*—*Tunica uvea bulbi* (Brücke) is the pigment stratum situated between the sclerotic and retina. It consists, therefore, mainly of the pigment layer of the choroid, though comprising besides this the corpus ciliare and the posterior surface of the iris.

Secondly.—The operation of iridectomy for an "*optical purpose*" can be executed in cases of opacity of the cornea and of closure of the pupil, in order to procure the rays of light the possibility of a contact with the retina. But (a) in glaucoma there always exists an enlarged pupil, and (b) in many cases of iritis with synechia and consecutive choroiditis, the pupil is not at all, or only partially, closed by exudations. In these cases it is obvious the patient would see, if the changes in the internal membrane did not impair vision: the operation is therefore not performed for an "*optical purpose*," but as there exists a pupil, the iridectomy has a therapeutic object: it is performed in order to change the conditions of nutrition, circulation, and pressure, in the interior of the eye.

With these two expressions rectified, Dr. O'Reilly's logic, as "having proved that inflammation of the uveal membrane and iritis is identical," etc., etc., collapses. The objective settlement of the question with which he started, i. e. as to the antiquity of iridectomy, relieves me from further dispute with him on any score.

I have nothing to add, but that my first answer will give sufficient information on the subject in order to enable every sensible reader to judge himself about the details of the controversy.

JULIUS HOMBERGER, M.D.

24 West 12th street.

SURGEON CHURCHILL OF THE 14TH REG. N. Y. V.

UTICA, July 13, 1862.

[To the Editor of the AMERICAN MEDICAL TIMES.]

Sir:—I have noticed that in a recent No. of the Times giving a list of those Surgeons who so nobly permitted themselves to be taken prisoners rather than abandon their charge, the name of ALONZO CHURCHILL, M.D., Surgeon of the 14th Reg. N. Y. S. V., is omitted. Will you please to correct the omission? Let the name of every man who has so nobly vindicated the honor, the dignity, and humanity of the profession be put on record.

Yours, etc.

C. B. COVENTRY, M.D.

FOREIGN CORRESPONDENCE.

LETTER VI.

HOSPITAL FOR SICK CHILDREN.

By PROF. CHARLES A. LEE.

LONDON, July 1, 1862.

My stay in London has been longer than I expected, in consequence of the many attractions which the city presents to a foreigner at the present time, independent of the scientific and professional advantages which it always possesses over any other European city. Among these may be mentioned the anniversary meetings of the great benevolent, religious, and philanthropic societies of Great Britain, the great International Exhibition, the Social Congress, the "Congrès de Bienfaisance," the Show of the Royal Agricultural Society, etc., etc. All these have demanded more or less attention; but at the same time I have not been neglectful of those matters more especially interesting to medical men.

Calling to mind that beautiful description of the "*Hospital for Sick Children*," by Dickens, in his "*Household Words*" (April, 1852), and which gave the first impulse to the establishment of a similar hospital in New York, I recently wended my way to 49 Great Ormond street, where the simple announcement that I was an American physician, procured me, as it has everywhere, all the attention and civilities I could possibly desire. However politicians may feel towards us, scientific and medical men everywhere hail us as brothers, and give us the heartiest greetings. Thus the Royal Society, the Ethnological, the Medico-Chirurgical, the Obstetrical, the Microscopic, the Pathological, etc., all throw open their doors to us, and invite us to participate in their proceedings. The London "*Hospital for Sick Children*," the first one of the kind, so far as I know, established in England, was opened in 1852, its objects being to provide for the medical and surgical treatment of poor children, to further the attainment and diffusion of knowledge regarding the diseases of children, and to aid in the training of nurses for children. The two first of these objects have been thus far very successfully accomplished. Patients laboring under any disease except small-pox are received. In the first year over 1,250, including out-patients, were treated; the report of 1862 shows that 577 were cared for within the hospital, and 10,792 treated as out-patients. The charity is free from debt, and is supported entirely by voluntary annual subscriptions. It is a gratifying fact, that although when first opened, mothers viewed the institution with distrust, they are now so eager to place their little ones within its walls, that the matron is compelled to keep a long list of patients waiting for their turn for admission. Four years ago the large house adjoining was purchased, so that there are now over fifty beds, while there is ample room for the accommodation of the nurses, the medical staff, and the establishment of an infant nursery, in which young children are taken care of, for a trifling charge, while their mothers are at work. One object in the establishment of the hospital has not yet been attained, namely, the training of female nurses. The institution, however, has been made highly

subservient to the advancement of our knowledge regarding the causes, pathology, and treatment of the diseases of children. A series of valuable lectures has been delivered by the medical officers, Drs. West and Jenner, during each winter, at the hospital, which have been well attended; and the well known able work of the former, on this class of diseases, has chiefly been the result of observations made in this institution. A "Home" has been established at Mitcham, and another at Brighton, for the convalescent children, auxiliary to the Child's Hospital, which are accomplishing great good. But notwithstanding the benefits resulting from this establishment, how inadequate is a single hospital of fifty-five beds, for the accommodation of the sick children of this vast metropolis! It doubtless relieves a large amount of human misery, saves many lives, and is a most valuable field for medical observation, and improving the treatment of the diseases of infancy and early childhood. But twenty such institutions are as much needed among this population of 4,000,000, as one. Although 88,969 out-patients and 2,274 in-patients were treated in the course of eight years, up to 1858, and a still larger number in proportion within the last four years, these numbers are but a tithe of the poor sick children who have perished during the same periods in this city, for the want of such care and medical aid as this asylum furnishes.

I have stated that this was the first hospital of the kind opened in Great Britain. Since then similar hospitals have been opened in Edinburgh, Liverpool, Birmingham, and other places in the kingdom; and well may they be multiplied, when we reflect that in every 50,000 persons dying yearly in England, 21,000 of them are children under ten years of age! Many essays have been written on the causes of excessive infant mortality, and great stress been laid very justly on impure air, want of proper ventilation, unhealthful food, neglect of cleanliness, etc., but too little has been said in regard to the ignorance of mothers, not only as respects the laws and conditions of health, but everything relating to nursing, and the proper management of their children when sick. Would one-half of our population perish in infancy and childhood, were parents but even partially acquainted with the laws and facts of sanitary science? It is in vain that medical science has advanced, that vaccination has been discovered, that the conditions of health are so much better understood by the faculty than they formerly were. So long as the natural guardians of the young know next to nothing of the causes of disease or the proper nursing of the sick, so long we may expect infant mortality to remain about the same, and we know it has not diminished two per cent. for the last fifty years, and has even increased in our large cities.

Children's hospitals have now been established with success in nearly twenty of the chief cities of Europe, and it has been found that they are more important to the poor as a class, than even general hospitals. The proper care of sick children requires special arrangements, and those can only be found, at least for the poor, in properly constructed hospitals. I say nothing of the tact, experience, and skill, required in the successful treatment of the diseases of young children; though no one can doubt that when studied as a specialty, this class of affections is much more successfully managed than when treated as they usually are. Dickens has very truly observed that the deaths of children are against the laws of nature; and that not against passive laws, but against the striving of every secret and mysterious power bestowed on the human baby to prevent them. What terrible abuses then must exist to cause such excessive mortality! I looked with more pleasure upon the large and pleasant rooms of this hospital, and the well cared for little patients, than any similar institution that I have ever visited. There was perfect order and neatness everywhere; thorough system in everything; the most assiduous and careful nursing; the highest medical skill always at hand; complete ventilation; pleasant sights and sounds; a beautiful garden in the rear of the dwelling; cheerful, happy faces everywhere; no wonder, that this

hospital has the queen for its patron, and noblemen for its officers and board of managers.

I have singled out this establishment for particular notice, because I am satisfied from long experience and observation among the poor of New York, that several such asylums are much needed in that city. One children's hospital cannot supply accommodation for one-tenth or twentieth of the number that ought to be sent to such institutions. Of the tens of thousands of children treated annually by the physicians of our different dispensaries, how many more might be saved that now perish, had they the kind care and attentive nursing which would be extended to them in well managed hospitals!

Army Medical Intelligence.

CORRESPONDENCE ON THE OCCASION OF DR. TRIPLER'S WITHDRAWAL FROM THE ARMY OF THE POTOMAC.

HEADQUARTERS ARMY OF THE POTOMAC. }
Camp near Harrison's Landing, July 4th, 1862. }

Special Orders.

3. Assistant Surgeon Jonathan Letterman, U. S. Army, having reported at these head-quarters, is announced as Medical Director of the Army of the Potomac, and will relieve Surgeon Charles J. Tripler, U. S. Army, who will proceed as directed by paragraph six of special orders, No. 142, of the 23d ultimo, from the War Department, Adjutant General's office. In carrying out the provisions of this order, the General Commanding cannot omit the expression of the high appreciation in which he holds the services rendered to this army by Surgeon Tripler, and of his thanks for the zeal, energy, and ability displayed by that officer in the discharge of the arduous and responsible duties of his position.

By command of Major-Gen'l McClellan.

S. WILLIAMS, Asst. Adjt. Gen.

HEADQUARTERS OF THE ARMY OF THE POTOMAC, }
Harrison's Bar, July 4th, 1862. }

Surgeon C. J. Tripler:—My Dear Sir:—It was with much regret and surprise that I learned you had been relieved from duty with this army, and this regret is not diminished now that the hour for your departure has arrived.

It is but a matter of duty that I should express to you my entire satisfaction with the manner in which your arduous and most important duties have been performed.

I am satisfied that every arrangement possible, under the circumstances, has been made to insure the comfort, safety, and recovery of the sick and wounded of this army; I doubt much whether any army, situated as this has been, was ever as well taken care of in these respects. I am confident also that such is the feeling of the great mass of those interested, viz. the men themselves.

I know that everything possible has been done to insure the prompt care of the wounded on the field, and their rapid and comfortable removal to the rear.

I regret to learn that some accusations have been made against you of cruelty to the sick and wounded of certain states. This charge is simply absurd, for the reason that the nature and extent of your duties rendered it impossible for you to be brought into personal contact with individual sick, or to know any distinction of states.

Regretting much that there can have been on the minds of any an impression so unfounded as that the performance of your duties has been otherwise than most creditable to yourself, and beneficial to the service,

I am, my dear sir, ever

Your sincere friend,

Geo. B. McClellan,
Maj.-Gen. Commanding.

ARMY OF THE POTOMAC.
James River, July 4th, 1862.

To Surgeon C. J. Tripler, U. S. Army:—Dear Sir:—The undersigned, officers on duty at the Headquarters of the Army of the Potomac, desire to express to you their unfeigned regret at your separation from this army.

You were named to the office of Medical Director of the Army of the Potomac at its organization, and we bear voluntary testimony, that from that time to the present, in camp and in the field, you have displayed unremitting attention, untiring zeal, and great efficiency in making your department sufficient for the care of the vast numbers of sick and wounded which have come under your charge—and that you have done this in such a manner as to make efficient and humane provision for our suffering fellow soldiers, with the least embarrassment to the military operations of the army.

Accept, Doctor, our warmest wishes for your future welfare and happiness, and believe we shall always be deeply interested in both. With the highest consideration and respect, we remain, very truly, your friends, J. G. Barnard, Brig.-Gen. and Chief Eng., A. P.; J. Williams, Brig. Gen., Asst. Adj.-Gen.; J. B. Sacket, Inspector-Gen. U. S. A.; G. C. Haller, Maj. 7th Inf., Comd't Gen. Headquarters; C. P. Kingsbury, Col., Chief of Ord., A. P.; Henry J. Hunt, Col. and A. D. C., Chief Reserve Art.; A. Porter, Brig.-Gen. and Prov. Mar., A. P.; William F. Barry, Brig.-Gen., Chief of Artillery; H. F. Clarke, Col. A. D. C. and C. I.; A. A. Humphreys, Brig.-Gen. Vols., Chief of Top. Eng.; Edward H. Wright, Col. and A. D. C.; Thomas M. Key, Col. and A. D. C.; A. V. Colburn, Asst. Adj.-Gen.; Jas. A. Hardie, Lt.-Col., A. D. C.; Edw. McK. Hudson, Lt.-Col., A. D. C.; H. Hammerstein, Major, A. D. C.; Rich'd B. Irwin, Capt., A. D. C.; Arthur McClellan, Capt. and A. D. C.; Albert J. Myer, Signal Officer, U. S. A.; Alex. J. Webb, Major, R. I. A., Capt. U. S. A.; N. H. Davis, Asst. Inspec.-Gen., U. S. A.; Wm. T. Biddle, Capt. and A. D. C.; Edward A. Raymond, Capt. and A. D. C.; William W. Russell, Maj., U. S. M. Corps; A. G. Verplanck, Lieut. and A. D. C.; Norman J. Hall, 1st Lieut. 5th Art., Asst. to Chief Eng.; Henry L. Abbot, Captain, Top. Engineers; D. P. Woodbury, Brig.-Gen. Vols.; W. H. Wood, Major, 17th U. S. Inf.; Stewart Van Vleet, Brig.-Gen. and Chief Q. M.; W. F. Gentry, Capt., 17th Inf.; John B. Howard, 1st Lieut., A. Q. M.

Many other gentlemen were anxious of signing their names to this paper, but were prevented by absence on duty and sickness.

AN ACT PROVIDING ADDITIONAL SURGEONS FOR THE ARMY, AND REGULATING BRIGADE SURGEONS.

The following is an abstract of an act to provide for additional medical officers of the volunteer service:

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That there shall be appointed by the President, by and with the advice and consent of the Senate, forty Surgeons and one hundred and twenty Assistant Surgeons of volunteers, who shall have the rank, pay, and emoluments of officers of corresponding grades in the regular army; *Provided,* That no one shall be appointed to any position under this act unless he shall previously have been examined by a Board of medical officers, to be appointed by the Secretary of War, and that vacancies in the grade of Surgeon shall be filled by selection from the grade of Assistant Surgeon on the ground of merit only: *And provided further,* That this act shall continue in force only during the existence of the present rebellion.

SEC. 2. And be it further enacted, That from and after the passage of this act Brigade Surgeons shall be known and designated as Surgeons of volunteers, and shall be attached to the general medical staff under the direction of the Surgeon-General; and hereafter such appointments for the

medical service of the army shall be appointed surgeons of volunteers.

SEC. 3. And be it further enacted, That instead of "one Assistant Surgeon," as provided by the second section of the act of July 22, 1861, each regiment of volunteers in the service of the United States shall have two Assistant Surgeons.

Approved July 2, 1862.

Under the provisions of the foregoing act approved July 2, 1862, the Brigade Surgeons already appointed are transferred, according to their present rank, to the Corps of Volunteer Surgeons, which will accordingly consist of those officers, and of the forty provided for by the act.

The Surgeon-General will appoint a Board to examine such persons as may be authorized by the Secretary of War to present themselves before it as candidates for the forty vacancies in the grade of Surgeon, and one hundred and twenty in that of Assistant Surgeon.

Applications for the appointments will be made to the Adjutant-General of the Army, in the handwriting of the applicant, accompanied by one or more testimonials from respectable persons in regard to moral character.

The Board of Examiners will determine whether the candidate be fit for the position of Surgeon or Assistant Surgeon; but no one under thirty years of age will be appointed to the former grade, or under twenty-one years, to the latter grade.

After all the vacancies have been filled in the manner here prescribed, future examinations will be for the grade of Assistant Surgeons only; and vacancies which may happen in the grade of Surgeon, will be filled by the appointment of Assistant Surgeons who shall have shown themselves worthy of promotion by a faithful performance of duty and general good conduct.

By order of the Secretary of War.

L. THOMAS, Adjutant-General.

Medical News.

SURGEONS WHO VOLUNTARILY REMAINED IN RICHMOND WITH THE WOUNDED.—Pursuant to a call a meeting was held of the Union Surgeons now in the Confederate State Prison. On motion, Dr. M. S. KITTENGER was elected Chairman, and Dr. J. P. SEELY Secretary. The Chairman stated that a notification had been received from the Confederate authorities that all the Surgeons now prisoners were this day free to return home. In a few brief and eloquent words he mentioned the fact that, in this building alone, there were nearly 1,500 of our wounded or sick officers and soldiers, and altogether, probably, in Richmond, 3,000.

On motion, it was resolved that all those Surgeons who volunteer to remain, and extend their professional services to our sick and wounded, do now signify the same. Whereupon the following gentlemen volunteered to remain: N. F. Marsh, Surgeon-Fourth Pennsylvania Cavalry; Alex. A. Edmiston, Assistant Surgeon Eighteenth New York Volunteers; James W. Powell, Surgeon in charge Hooker's Division Hospital; George McAllister, Assistant Surgeon Seventy-first New York Volunteers; James S. de Bieneville, Surgeon Eleventh Pennsylvania Reserve; M. S. Kittenger, Surgeon One Hundredth New York Volunteers; T. P. Seely, Acting Assistant Surgeon Sixteenth Michigan (Stockton's).

The following assignments have been made of medical officers: Medical Inspectors Perley and Cooledge to duty in the Surgeon-General's office and in the Military District of Washington; Medical Inspectors Cuyler, Keeney, Lyman, and Allen, to report in person to the Assistant Surgeon-General in St. Louis, for duty in the department of the Mississippi. Medical Inspector Mussey and Assistant Surgeon Parry to report to General McClellan in the Army of the Potomac.

DEATHS.

MARSHALL.—In this city on Friday July 25th, G. C. MARSHALL, M.D., Surgeon to Berdan's Sharpshooters.

TO CORRESPONDENTS.

We are in constant receipt of letters from Correspondents in various parts of the country, who are desirous of entering the Army, inquiring as to the proper steps to take. A Surgeon may enter the service:—

1. As Surgeon, after passing an examination before the Army Examining Board at Washington; the Secretary of War gives permission to go before that Board, and to him the applicant must apply with testimonials of character.

2. As Assistant Surgeon, same conditions as above given.

3. As Brigade Surgeon, same conditions as above given.

4. As Contract Surgeon, after passing an Examining Board, one of which is located in this city; permission to go before it being obtained from Dr. Satterlee of this city. The Contract Surgeon is entitled to \$100 per month if located in a hospital, and to \$125 per month if sent to the field.

5. As Regimental Surgeon, by passing a State Board of Examiners, the appointment being made by the State authorities.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 20th day of July to the 27th day of July, 1862.

Deaths.—Men, 72; women, 69; boys, 159; girls, 169—total, 469. Adults, 141; children, 328; males, 261; females, 238; colored, 4. Infants under two years of age, 287. Children reported of native parents, 44; foreign, 281.

Among the causes of death we notice:—Apoplexy, 6; infantile convulsions, 35; croup, 2; diphtheria, 9; scarlet fever, 17; typhus and typhoid fevers, 9; consumption, 62; small-pox, 2; measles, 4; dropsy of head, 18; infantile marasmus, 40; cholera infantum, 102; inflammation of brain, 12; of bowels, 11; of lungs, 15; bronchitis, 4; congestion of brain, 5; of lungs, 4; erysipelas, 0; diarrhoea and dysentery, 23. 800 deaths occurred from acute disease, and 35 from violent causes. 381 were native, and 118 foreign; of whom 59 came from Ireland; 45 died in the City Charities; of whom 9 were in the Bellevue Hospital, and 4 died in the Emigrant Institution.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

July 1862	Barometer.		Temperature.			Difference of dry and wet bulb, Therm.		Wind.	Mean amount of cloud.	Humidity Sat'dn, 1000
	Mean height.	Daily range.	Mean.	Min.	Max.	Mean.	Max.			
20th.	29.80	.24	65	55	75	6	12	W. to S.E.	6	637
21st.	29.83	.20	64	56	71	5	7	N.E.	10	718
22d.	29.98	.17	65	56	73	8	13	N.E.	6	560
23d.	29.87	.21	64	58	70	5	10	N.E.	10	718
24th.	29.80	.10	66	63	70	3	6	E.	10	811
25th.	29.82	.04	73	63	82	8	14	N. to S.	4	589
26th.	29.93	.14	75	66	84	8	13	N. to S.	4	582

REMARKS.—20th, Cloudy P.M., with light rain. 21st, Cloudy all day, with light rain P.M. 22d, Variable. 23d, Cloudy; light rain P.M. 24th, Cloudy; light rain A.M. and P.M. 25th, Sultry, clear P.M. 26th, Sultry; thunder storm after 6½ P.M. during which one inch of rain fell; total fall for the week one and one-quarter inches.

Lectures on Ophthalmic Surgery.—

DR. HOMBERGER will begin his Course on the *Practice and Theory of Operations on the Eye*, on Tuesday the 5th of August, at 3 o'clock P.M., at the Eastern Dispensary, corner Grand and Essex Streets.

John W. Shedden, Apothecary,

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Squibb's, Allen's, Tilden's, Herring's, and other fine preparations always on hand; also Pure Chloroform and Oxalate of Cerium prepared for us by Duncan Floekhart & Co., Edinburgh.

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Parties at a distance may insure from Blanks, which will be forwarded free of expense.

To the Medical Profession.—Dr. I.

Parigot has changed his residence and is prepared to receive a very limited number of patients in his country house at Hastings, on the Hudson; he can be consulted in town at Dr. Douglas' Office, No. 12 Clinton Place, on Tuesdays and Saturdays, for Nervous Diseases and Medico-Legal questions.

Wm. H. Davol, M.D., late Physician

to L. I. College Hospital, Brooklyn, removed to St. Paul, Minn.

References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D., of Brooklyn; Prof. Austin Flint, M.D., Prof. E. F. Barker, M.D., of New York.

New York Medical College and

CHARITY HOSPITAL. No. 90 East Thirteenth Street, near Fourth Avenue.

The next Annual Course of Lectures will commence on Monday, October 20, 1862, and will terminate in the early part of March, 1863.

FACULTY.

HORACE GREEN, M.D., LL.D., Emeritus Professor of Theory and Practice of Medicine.

JOHN M. CARNOCHAN, M.D., Professor of Clinical and Operative Surgery.

B. I. RAPHAEL, M.D., Professor of the Principles and Practice of Surgery.

CHARLES A. BUDD, M.D., Professor of the Theory and Practice of Midwifery.

A. JACOBI, M.D., Professor of Infantile Pathology and Therapeutics.

E. NOEGGERATH, M.D., Professor of Clinical Midwifery and Diseases of Women.

J. V. C. SMITH, M.D., Professor of Anatomy.

WM. F. HOLCOMB, M.D., Professor of Ophthalmic and Aural Surgery.

SAUEL R. PERCY, M.D., Professor of Materia Medica and Therapeutics.

HENRY G. COX, M.D., Professor of Theory and Practice and Clinical Medicine.

CHARLES A. SEELY, Professor of Chemistry and Toxicology.

HON. JOHN H. ANTHON, A.M., Professor of Medical Jurisprudence.

Professor of Physiology of Microscopic Anatomy.*

JAMES E. STEELE, M.D., Demonstrator of Anatomy and Curator of the Museum.

GEORGE WOOD JEWETT, M.D., Assistant to the Professor of Midwifery.

WM. HALSER, M.D., Assistant to the Professor of Infantile Pathology.

F. S. SNEADE, Janitor.

A preliminary term will commence on Monday, September 15th, and continue until the Regular term begins. This Course will be GRATIS to those students who intend taking a full winter Course, and will be as follows:—

On Amputations, by.....PROF. CARNOCHAN.

" Gunshot Wounds, by....."PROF. RAPHAEL.

" Pregnancy, by....."PROF. BUDD.

" Anatomy and Physiology of the New Born, by....."PROF. JACOBI.

" Bandaging, by....."PROF. HOLCOMB.

" Anatomy of the Regions, by....."PROF. SMITH.

Material for dissection is abundant, and furnished to students at a mere nominal price.

Daily Clinics are held at the College.

Further information as to Lectures, Terms, etc., may be obtained by addressing

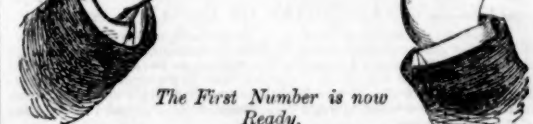
PROF. B. I. RAPHAEL, M.D.,

Dean of the Faculty, 91 Ninth Street.

* Prof. Browne having received the appointment of Brigade Surgeon, has resigned the chair of Physiology. The chair is now vacant, but will be filled before the commencement of the Course.

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.



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Appia (P. L.) The Ambulance Sur-

geon, or Practical Observations on Gunshot Wounds. 12mo. Edinburgh, 1862. \$1.50.

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Each pill contains one grain of Iodide of Iron, the dose is two to four pills a day. None are genuine which have not a reactive silver seal attached to the lower part of the cork, &c., &c.

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PIERLOT'S VALERIANATE OF AMMONIA, FOR NERVOUS AFFECTIONS.

This preparation is not at all like the one prepared by Apothecaries, after the formula published in the journals; its odor, its taste, and above all, its success, where the other one fails, will tell at once how different they are one from the other.

Genuine Pierlot's Valerianate of Ammonia is a most efficacious remedy in *Neuralgia, Epilepsy, Convulsions, Hysteria, &c., &c.*

Dose.—Two to three teaspoonfuls daily.

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Dose.—Fifteen grains in powder, two or three times a day, just before eating.

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Each Granule contains one-third of a grain of Hydro-alcoholic Extract of Digitalis Purpurea. This preparation is an excellent sedative, a powerful diuretic, and is perfectly acceptable to the stomach. They regulate well the Pulsations of the Heart, increase rapidly the urinary secretions, act remarkably well in the *Nervous Palpitations, Aneurisms, and Hypertrophies of the Heart*, in various kinds of Dropsies, principally those symptomatic to the Heart.

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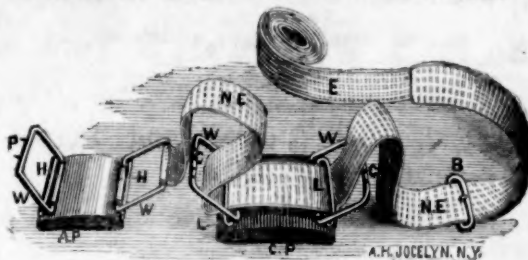
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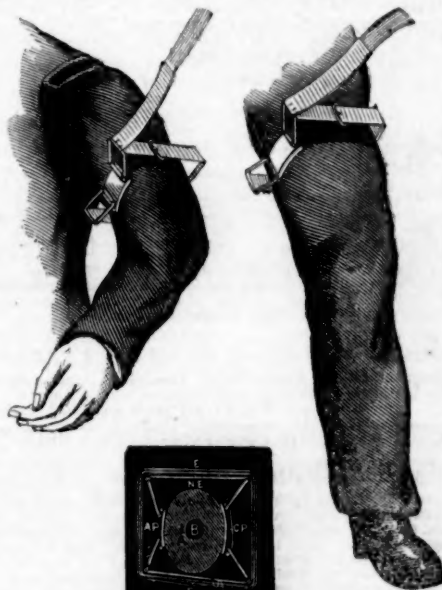
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